

**King County Mental Health, Chemical Abuse and Dependency Services Division
Research and Evaluation Committee
Proposal Checklist Cover Page for Submitted Proposals**

Name of Investigator: _____

Date Submitted: _____ Date Project is to Begin: _____

<i>Item to be included with Proposal to KCMHCADSD</i>	<i>Page Reference</i>
Name of Proposal	
Summary of Proposal	
Copy of the Complete Proposal (including all appendices)	
Detailed Budget with respect to KCMHCADSD services	
If client identifying information is required, a copy of all protocols to be followed in working with clients, including at least the methodology and administrative costs of contact, the voluntary nature and extent of client participation, and a copy of all letters, advertisements, scripts or other mechanisms for contacting and involving client subjects.	
Copy of all protocols for contacting vendors	
Name of Project Investigator	
Copies of letters of support	
Copies of working agreements	
Specify exactly what information you will require from KCMHCADSD . Do we need to supply the name of the vendor and the KCID? How many times does KCMHCADSD have to provide information for your project?	
An Institutional Review Board (IRB) as defined in chapter 70.02.010 RCW shall review and approve research prior to contact with subjects. [WAC 275-57-370] Submit to KCMHCADSD Research and Evaluation Committee the entire IRB package – all forms -- for review of the Proposal with comments from the IRB committee and supporting documents. Final IRB approval is required before research may begin ¹ . A copy of the final approval should be sent to the Research and Evaluation Committee when it is granted. [WAC 275-57-370 #4.]	
If human subjects review is not required, submit a detailed abstract of the proposed project to include: 1) A brief overview of the proposal; 2) Questions which the project will investigate (e.g. each hypothesis to be tested); and 3) A description of the project design. WAC 275-57-370 #3 requires that the RSN/PHP or provider shall ensure disclosure of patient records without written consent adheres to requirements in chapters 42.48, 70.02, 71.05.390, 71.05.630 and 71.34 RCW]	
Detailed list of data required from KCRSN/IS. (We will provide technical support for creating this list.) Data will be limited and will usually not include personal identification such as name, date of birth, or Social Security number.	
Copies of project timeline as it impacts the KCMHCADSD. Include date final report of the project is due. Date individual data files are required. (Note that at least 4 weeks notice will be required to change these dates)	
Specify resources required from KCMHCADSD. Include all data needs here. Also include staff resources required. Include date resources will be needed on the timeline or elsewhere. (Can be general – September 1999, rather than September 12, 1999).	
All materials must be submitted at least 3 weeks prior to desired decision.	
Confidentiality Issues: How will confidentiality be protected? What personal information is required and why? Include the protocol on how the data will be kept secure. (locked file cabinets, encrypted data files, etc.) and the timeline for destruction.	
Agreement to share results of research with KCMHCADSD and vendors.	
Agreement to limit use of KCRSN/IS data to the above approved proposal only.	
Investigator agrees to give at least 4 weeks notice when requesting any data including lists of eligible clients in order for the KCRSN/IS personnel to schedule this task	

¹ The Research and Evaluation Committee may review a study prior to final IRB approval and write a letter of support to be included in the IRB package. However, final approval for all research will not be granted by KCMHCADSD until a copy of the IRB approval is received.